

Customer Number

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Joyce FORD

Signed: Joyce Ford

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

Appl. No. : 09/971,131
Inventor : Tuthill
Filed : 10/04/01
Title : **SPINDLE NUT RETAINER**
Art Unit : 3722
Examiner : Brian D. Walsh
Docket No. : 21488-04040
Customer No. : 24024

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TECHNOLOGY CENTER R3700

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AMENDMENT

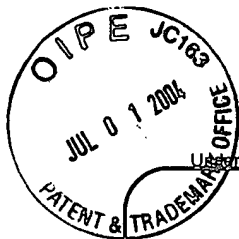
Sir:

Applicant provides the following response to the Office Action of March 30, 2004.

Amendments to the claims begin on page 2 of the this paper.

Remarks begin on page 6 of this paper.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/971,131
	Filing Date	Oct. 4, 2001
	First Named Inventor	Tuthill
	Art Unit	3722
	Examiner Name	Brian D. Walsh
Total Number of Pages in This Submission	Attorney Docket Number	21488/04040

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Return Receipt postcard	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Warren M. Haines II
Signature	
Date	June 28, 2004
Customer Number	24024

CERTIFICATE OF TRANSMISSION/MAILING	
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Typed or printed name	Joyce Ford
Signature	
Date	06/28/04

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